



P.O. Box 50636
Knoxville, TN 37950
Phone: (865) 588-5422
Fax: (865) 588-6857



January 31, 2009

Permit Writer
KPDES Branch, Division of Water
Frankfort Office Park
14 Reilly Road
Frankfort, KY 40601

RE: Pilot Travel Centers LLC #392
Renewal of KYPDES Permit # KY0027251
Expiring July 31, 2009

CERTIFIED MAIL # 7006 3450 0000 6559 9292

Dear Sir or Madam,

Please receive the following renewal application for the re-issuance of the KPDES permit for the above referenced facility. Effluent discharge analyses have been requested, and those values will be forwarded to your office upon receiving. Enclosed documents are listed below, and a check for the application fee is also attached.

Form 1
Form SC
Topographic Map
Flow Schematic
Site Plan
Check

Please feel free to contact me with any questions at 865-588-5422.

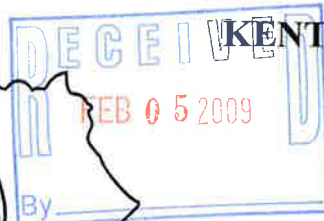
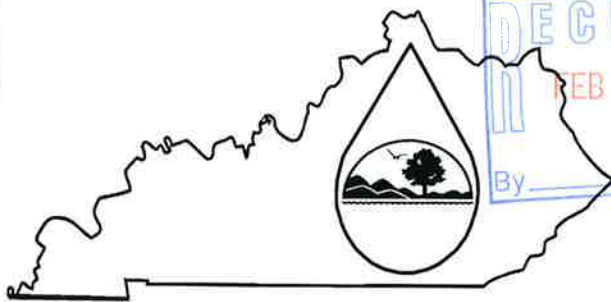
Thank you,

Canna Jones
Dynamis, Inc

enclosures
cc: Pilot Travel Centers

KPDES FORM 1

AZ# 1689



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.
- ☐ Apply for reissuance of expiring permit.
- ☐ Apply for a construction permit.
- ☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Short Form C

For additional information contact:

KPDES Branch (502) 564-3410

CK 200-

I. FACILITY LOCATION AND CONTACT INFORMATION		AGENCY USE	0027251
A. Name of business, municipality, company, etc. requesting permit Pilot Travel Centers, LLC			
B. Facility Name and Location		C. Facility Owner/Mailing Address	
Facility Location Name:		Owner Name:	
Pilot Travel Center No. 392		Pilot Travel Centers, LLC	
Facility Location Address (i.e. street, road, etc.):		Mailing Street:	
450 East Western Avenue		5508 Lonas Rd	
Facility Location City, State, Zip Code:		Mailing City, State, Zip Code:	
Sonora, KY 42776		Knoxville, TN 37909	
		Telephone Number: 865-588-7488	

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc: Retail facility for sales of gasoline and diesel fuel, hosting a convenience market, fast food restaurant and other amenities.

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code & Description: 5541 Diesel/ gasoline fueling station

Other SIC Codes:

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)

B. County where facility is located:

Hardin

City where facility is located (if applicable):

Sonora

C. Body of water receiving discharge:

Dorsey Run Creek

D. Facility Site Latitude (degrees, minutes, seconds):

37° 31' 12"

Facility Site Longitude (degrees, minutes, seconds):

-85° 53' 24"

E. Method used to obtain latitude & longitude (see instructions): map interpolation

F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):

IV. OWNER/OPERATOR INFORMATION**A. Type of Ownership:**

☐ Publicly Owned ☒ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned

B. Operator Contact Information (See instructions)

Name of Treatment Plant Operator:

Pilot Travel Centers LLC

Telephone Number:

865-588-7488

Operator Mailing Address (Street):

5508 Lonas Rd

Operator Mailing Address (City, State, Zip Code):

Knoxville, TN 37909

Is the operator also the owner?

Yes ☒ No ☐

Is the operator certified? If yes, list certification class and number below.

Yes ☒ No ☐

Certification Class:

2

Certification Number:

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number:

KY0027251

Issue Date of Current Permit:

06/01/2006

Expiration Date of Current Permit:

07/31/09

Number of Times Permit Reissued:

unknown

Date of Original Permit Issuance:

unknown

Sludge Disposal Permit Number:

n/a

Kentucky DOW Operational Permit #:

n/a

Kentucky DSMRE Permit Number(s):

n/a

C. Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	n/a	
Solid or Special Waste	n/a	
Hazardous Waste - Registration or Permit	n/a	

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). The information in this section serves to specifically identify the department, office or individual you designate as responsible for submitting DMR forms to the Division of Water.

A. Name of department, office or official submitting DMRs:

Joey Cupp, Environmental Manager

B. Address where DMR forms are to be sent. (Complete only if address is different from mailing address in Section I.)

DMR Mailing Name:

Joey Cupp

DMR Mailing Street:

P.O. Box 10146

DMR Mailing City, State, Zip Code:

Knoxville, TN 37939

DMR Official Telephone Number:

865-588-7488

VII. APPLICATION FILING FEE


KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount. Descriptions of the base fee amounts are given in the "General Instructions."

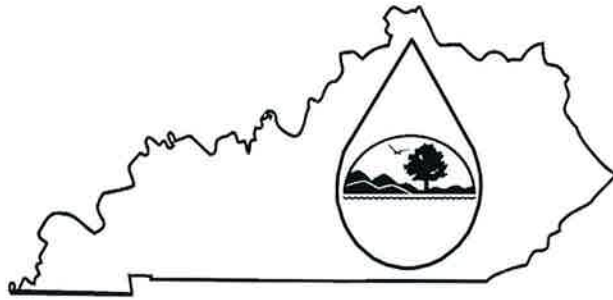
Facility Fee Category:	Filing Fee Enclosed:
Non-Process Industry	\$ 200.00

NPZND

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Joey Cupp, Environmental Manager	865-588-7488
SIGNATURE	DATE:
	1-30-09



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACILITY: Pilot Travel Centers LLC No. 392

I. FACILITY DISCHARGE FREQUENCY

AGENCY
USE

0 0 2 7 2 5 1

A. Do discharge(s) occur all year? Yes ☒ No ☐
(Complete Item IX for intermittent discharges.)

B. How many days per week?

7

II. A. Give the basis of design for sizing of the wastewater facility (see instructions):

Pilot Travel Centers LLC #048 hosts a 5,000 gallon oil water separator rated for 300 gallons per minute discharge and designed to drain runoff from 15,000 square feet. This device is protected from flow surges through the inflow pipe by design. The expected maximum flow is based on a 2 inch per hour storm event and three water hydrants located at the diesel island, which flow rates less than 200 gpm.

B. If new discharger, indicate anticipated discharge date:

n/a

C. Indicate the design capacity of the treatment system:

n/a

III. Outfall Location (see instructions)

Outfall (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
001	37	31	12	85	53	24	Dorsey Run Creek
Method used to obtain latitude/longitude (i.e. GPS unit, USGS topographic map coordinates, etc.)				Mapping software			

IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)				
If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.				
OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
001	Diesel island	<500 gpm	Oil/ water separator	1-H, 4-A
	Truck garage	<500 gpm	Oil/ water separator	1-H, 4-A

V. Check the type(s) of wastewater discharged.

- ☐ Domestic (60% or more sanitary sewage)
 ☐ Oil field waste
☐ Noncontact cooling water
 ☒ Other (list):): treated discharge from oil/ water separator

VI. Does all water used at facility (except for human consumption) flow to a treatment plant? ☐ Yes ☒ No

VII. Discharge to other than surface waters. Check appropriate location:

- ☐ Publicly-owned lake or impoundment Name of lake:
☐ Publicly-owned treatment works (POTW). Name of POTW:
☐ Land application of Effluent
☐ Surface injection (Check term and identify on map) ☐ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well
☐ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☐ Waste impoundment

VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).

<input type="checkbox"/> Antimony		<input type="checkbox"/> Copper		<input type="checkbox"/> Silver	
<input type="checkbox"/> Arsenic		<input type="checkbox"/> Lead		<input type="checkbox"/> Thallium	
<input type="checkbox"/> Beryllium		<input type="checkbox"/> Mercury		<input type="checkbox"/> Zinc	
<input type="checkbox"/> Cadmium		<input type="checkbox"/> Nickel		<input type="checkbox"/>	
<input type="checkbox"/> Chromium		<input type="checkbox"/> Selenium		<input type="checkbox"/>	

IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)

A. Number of bypass points:	0	(If bypass points are indicated, information below must be completed for each bypass.)
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Check when bypass occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of bypass incidents	per year	per year
Give average duration of bypass	hours	hours
Give average volume per incident	1,000 gallons	1,000 gallons
Give reason why bypass occurs:		

B. Number of Overflow Points: 0 (If discharge is from an overflow point, the information below must be completed.)

Check when overflow occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of overflow incidents:	per year	per year
Give average duration of overflow:	hours	hours
Give average volume per incident:	1,000 gallons	1,000 gallons

C. Number of seasonal discharge points	0
Give the number of times discharge occurs per year	
Give the average volume per discharge occurrence	(1,000 gallons)
Give the average duration of each discharge	(days)
List month(s) when the discharge occurs	

X. AREA SERVED (see instructions)

NAME	ACTUAL POPULATION SERVED
TOTAL POPULATION SERVED	


XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS		
Additive	Composition	Concentration (mg/l)

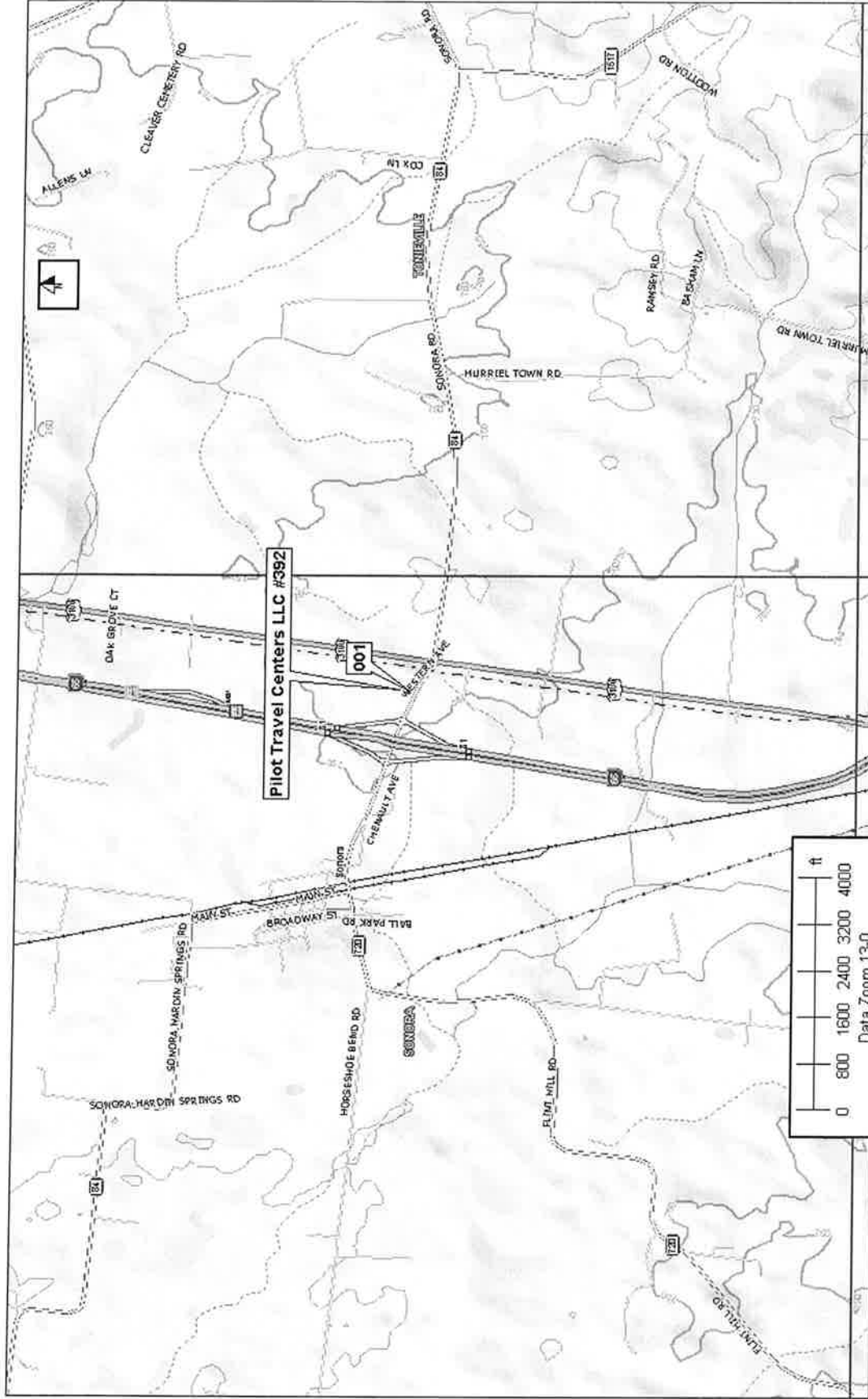
XII. EFFLUENT CHARACTERISTICS			
A. Indicate results of analysis for pollutants listed below.			
POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD ₅	pending		
TOTAL SUSPENDED SOLIDS	pending		
FECAL COLIFORM	pending		
TOTAL RESIDUAL CHLORINE	pending		
OIL AND GREASE	pending		
CHEMICAL OXYGEN DEMAND	pending		
TOTAL ORGANIC CARBON	pending		
AMMONIA	pending		
DISCHARGE FLOW	pending		
pH	pending		
TEMPERATURE (WINTER)	pending		
TEMPERATURE (SUMMER)			

B. Frequency and duration of flow:	
------------------------------------	--

XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Joey Cupp, Environmental Manager	865-588-7488
SIGNATURE	DATE
	1-30-09



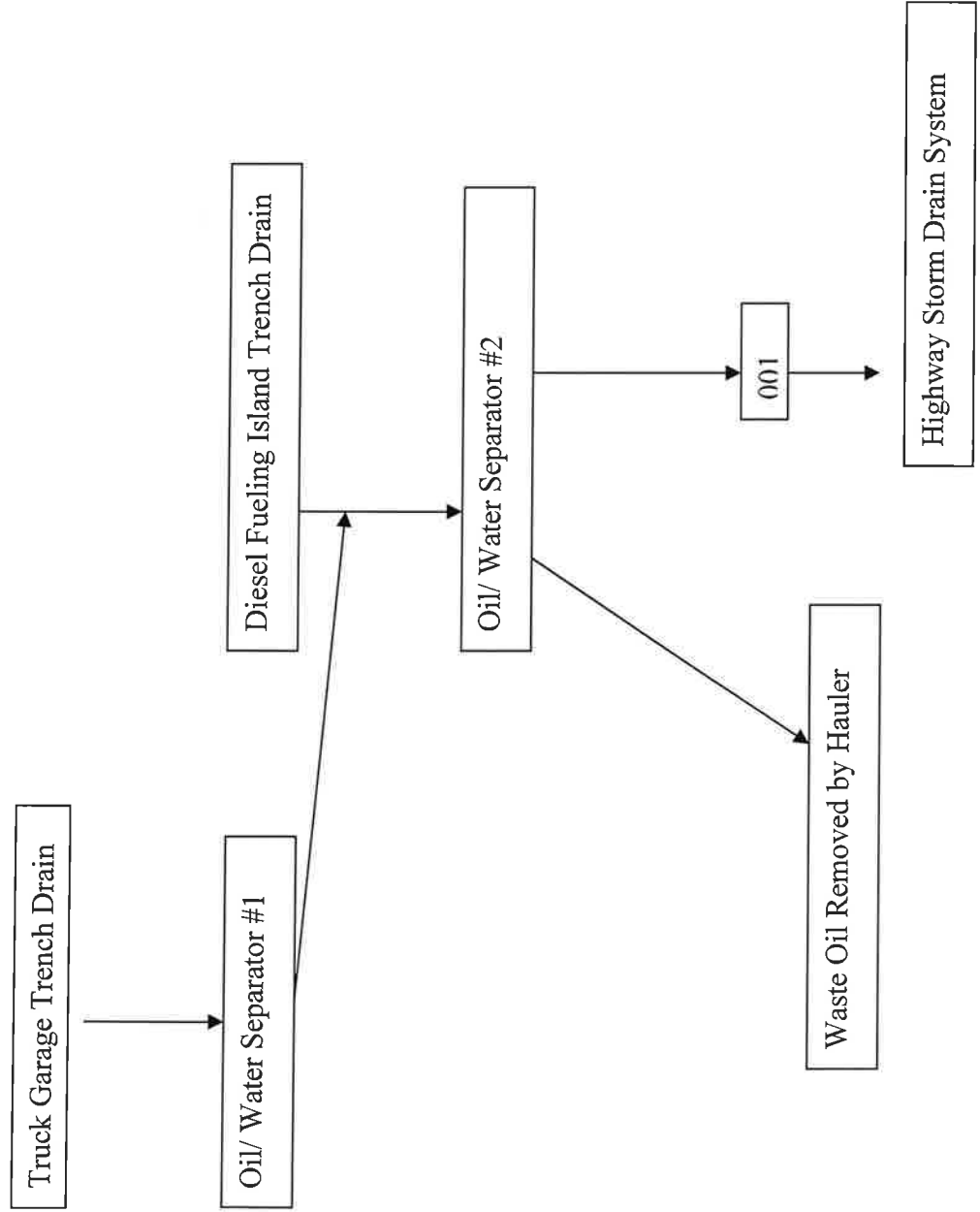
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www.delorme.com

Pilot Travel Centers LLC No. 392
450 East Western Avenue
Sonora, KY 42776

Dynamis, Inc.
SPCC/ BMP
Topographic Map
showing USGS Grids

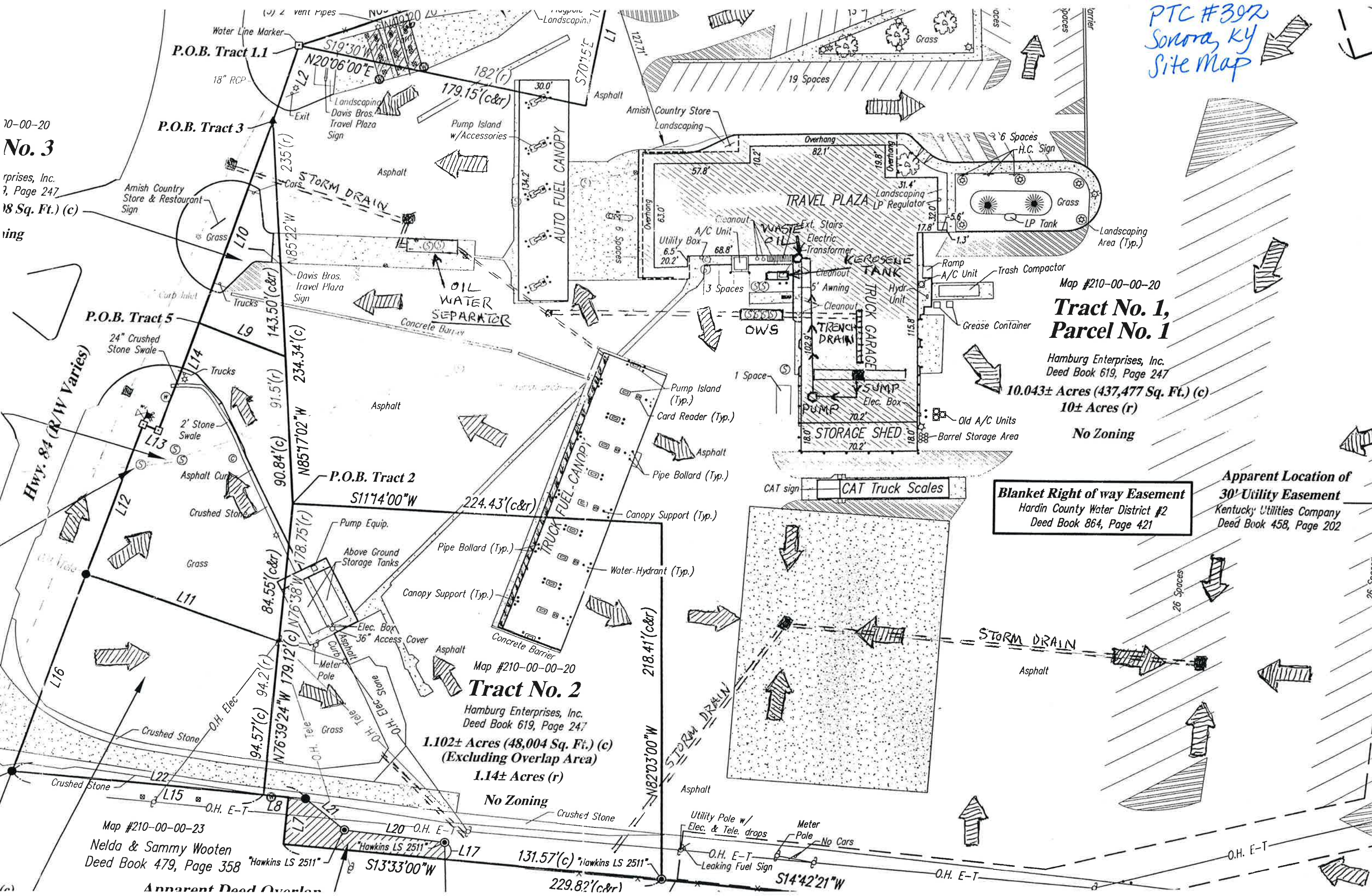
Pilot Travel Centers LLC #392
KPDES 0027251
Site Flow Schematic



PTC #392
Sonoma, KY
Site Map

10-00-20
No. 3

Hamburg Enterprises, Inc.
Deed Book 619, Page 247
18 Sq. Ft. (c)
ing



Map #210-00-00-20
**Tract No. 1,
Parcel No. 1**

Hamburg Enterprises, Inc.
Deed Book 619, Page 247
10.043± Acres (437,477 Sq. Ft.) (c)
10± Acres (r)
No Zoning

Blanket Right of way Easement
Hardin County Water District #2
Deed Book 864, Page 421

**Apparent Location of
30' Utility Easement**
Kentucky Utilities Company
Deed Book 458, Page 202

Map #210-00-00-20
Tract No. 2
Hamburg Enterprises, Inc.
Deed Book 619, Page 247
1.102± Acres (48,004 Sq. Ft.) (c)
(Excluding Overlap Area)
1.14± Acres (r)
No Zoning

Map #210-00-00-23
Nelda & Sammy Wooten
Deed Book 479, Page 358
Apparent Deed Overlap